

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Jan 1,	2015 Ending Date: Oct 15, 2015			
Type of Report: (Check one)	30 day after election  vear-end report dissolution			
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution			
Michael P. Kushmerek	Committee to Elect Michael P. Kushmerek			
Candidate Full Name (if applicable)	Committee Name C T			
Fitchburg Ward 4 City Council	Gregory W. Wheeler			
Office Sought and District	Name of Committee Treasurer			
339 Blossom Street, Fitchburg, MA 01420	3 Park Street, 2nd Floor, Leominster, MA 014534			
Residential Address	Committee Mailing Address			
Telephone Number (optional):	Telephone Number (optional):			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report	1,712.01			
Line 2: Total receipts this period (page 3, line 11)	0			
Line 3: Subtotal (line 1 plus line 2)	1,712.01			
Line 4: Total expenditures this period (page 5, line	658.45			
Line 5: Ending Balance (line 3 minus line 4)	1,053.56			
Line 6: Total in-kind contributions this period (page	ge 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Worker's Credit Unio	n			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, diabursements, in-kind or finance activity of all persons acting under the authority or on belialf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign occordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury:	(Treasurer's signature) Date: Oct 22, 2015			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.			
Candidate without Committee OR Candidate with independent activity filing set  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: Oct 22, 2015			

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

<b>.</b>	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			1
		1	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
10 1 1		0.71 10.1 1	d include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Line 9: Total Recei	pts over \$50 (or listed above)			
	ipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	0.1: 10.1	← Enter on page 1, line 2 cld include only those receipts not itemized above.	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report an expend	eport all expenditures. Please include your committee name and a page number on each page.)				
Da4- D-44	To Whom Paid	Address	Purpose of Expenditure	Amount	
Date Paid	(alphabetical listing)	Address			
Jun 15, 2015	American Airlines	Bellevue, WA	Airfare to travel to People for American Way Convention for young elected officials	239.2	
Jun 12, 2015	People for the American Way	1101 15th Street, NW, Suite 600, Washington, DC 20005	Convention for young elected officials	300	
,					
1					
	J   L	Line 12: Total Expenditures o	ver \$50 (or listed above)	539.2	
Line 13: Total Expenditures \$50 and under* (not listed above)			119.25		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				658.45	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				4444	
		Line 12: Expenditures over \$5	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	The state of the s	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Annual Control of the				
Total and a second a second and				
The state of the s				
The state of the s				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

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